

# OFFICE OF FINANCIAL AND INSURANCE SERVICES

## JOB VACANCY NOTICE

**CLASS/LEVEL:** Auditor 9 (2 positions)

**DIVISION/SECTION:** Enterprise Monitoring/Insurance Examinations Section

**DEADLINE TO RESPOND:** 1/26/07

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INTERESTED APPLICANTS SHOULD SUBMIT A COPY OF COLLEGE TRANSCRIPTS (INTERNET BASED TRANSCRIPTS WILL NOT BE ACCEPTED), RESUME, DLEG APPLICATION AND COVER LETTER TO DLEG, OFFICE OF FINANCIAL AND INSURANCE SERVICES, HUMAN RESOURCES/BUDGET DIVISION/OFIS 06-40, P.O. BOX 30220, LANSING, MICHIGAN 48909 OR FAX TO (517) 335-1450 BY THE DEADLINE DATE.

|                         |                                                                                                                                                                                                                                                                   |                                                                                                                               |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| COUNTY/LOCATION         | Wayne/Detroit                                                                                                                                                                                                                                                     |                                                                                                                               |
| PAY RANGE               | \$15.84-\$21.22/hour                                                                                                                                                                                                                                              |                                                                                                                               |
| DESCRIPTION OF POSITION | Participate as a member of an examination team in reviewing the books and records of insurance companies and related business entities, at the companies/entities home office to determine financial condition and compliance with Michigan laws and regulations. |                                                                                                                               |
| EDUCATION               | Possession of a bachelor's degree with at least 24 semester (36 term) credits in accounting.                                                                                                                                                                      |                                                                                                                               |
| EXPERIENCE              | No specific type or amount is required.                                                                                                                                                                                                                           |                                                                                                                               |
| SPECIAL REQUIREMENTS    |                                                                                                                                                                                                                                                                   |                                                                                                                               |
| RESPOND TO              | Posting No.:                                                                                                                                                                                                                                                      | OFIS 06-40                                                                                                                    |
|                         | Address:                                                                                                                                                                                                                                                          | DLEG, Office of Financial & Insurance Services, Human Resources/Budget Division/OFIS06-40, P. O. Box 30220, Lansing, MI 48909 |
|                         | E-Mail Address:                                                                                                                                                                                                                                                   |                                                                                                                               |
|                         | Fax:                                                                                                                                                                                                                                                              | (517) 335-1450                                                                                                                |

The State of Michigan is an Equal Opportunity Employer  
 Civil Service Rule 1-7 states: All persons offered employment in the classified service are required to submit to and pass a pre-employment drug test as a condition of employment

**This is an announcement of a position vacancy and does not constitute an offer of employment.**

**1. Position Code**  
AUDITORE

**State of Michigan**  
**Department of Civil Service**  
Capitol Commons Center, P.O. Box 30002  
Lansing, MI 48909

Federal privacy laws and/or state  
confidentiality requirements protect  
a portion of this information.

**POSITION DESCRIPTION**

This form is to be completed by the person that occupies the position being described and reviewed by the supervisor and appointing authority to ensure its accuracy. It is important that each of the parties sign and date the form. If the position is vacant, the supervisor and appointing authority should complete the form.

This form will serve as the official classification document of record for this position. Please take the time to complete this form as accurately as you can since the information in this form is used to determine the proper classification of the position. **THE SUPERVISOR AND/OR APPOINTING AUTHORITY SHOULD COMPLETE THIS PAGE.**

|                                                                                                    |                                                                                                         |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>2. Employee's Name (Last, First, M.I.)</b>                                                      | <b>8. Department/Agency</b><br>LABOR & ECONOMIC GROWTH                                                  |
| <b>3. Employee Identification Number</b>                                                           | <b>9. Bureau (Institution, Board, or Commission)</b><br>OFFICE OF FINANCIAL AND INSURANCE SERVICES      |
| <b>4. Civil Service Classification of Position</b><br>AUDITOR 9                                    | <b>10. Division</b><br>OFFICE OF FINANCIAL EVALUATION                                                   |
| <b>5. Working Title of Position (What the agency titles the position)</b><br>INTERMEDIATE EXAMINER | <b>11. Section</b><br>ENTERPRISE MONITORING & INSURANCE EXAMINATIONS<br>DIVISION                        |
| <b>6. Name and Classification of Direct Supervisor</b><br>, AUDITOR MANAGER 14                     | <b>12. Unit</b><br>INSURANCE EXAMINATIONS SECTION                                                       |
| <b>7. Name and Classification of Next Higher Level Supervisor</b><br>, AUDITOR MANAGER 15          | <b>13. Work Location (City and Address)/Hours of Work</b><br><br>8:00 A.M. - 5:00 P.M., MONDAY - FRIDAY |

|                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>14. General Summary of Function/Purpose of Position</b><br><br>Participate as a member of an examination team in reviewing the books and records of insurance companies and related business entities, at the companies/entities home office to determine financial condition and compliance with Michigan laws and regulations. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**For Civil Service Use Only**

**15. Please describe your assigned duties, percent of time spent performing each duty, and explain what is done to complete each duty.**

**List your duties in the order of importance, from most important to least important. The total percentage of all duties performed must equal 100 percent.**

Duty 1

**General Summary of Duty 1** % of Time 10

Perform accounting function on the examined parties' financial statements.

**Individual tasks related to the duty.**

- Obtain an understanding and document the flow of accounting from the trial balance to the general ledger to the annual statement.

Duty 2

**General Summary of Duty 2** % of Time 40

Examine and evaluate financial statements of insurance companies or related entities.

**Individual tasks related to the duty.**

- With supervision from the examiner-in-charge, determine the examination procedures necessary to examine assigned annual statement line item for reasonableness and compliance with the statutory accounting practices and procedures and Michigan insurance laws, bulletins and regulations.

Duty 3

**General Summary of Duty 3**

**% of Time** 10

Discuss exceptions and recommendations with the examiner-in-charge and examined party.

**Individual tasks related to the duty.**

- After completing the examination of annual statement line items fully discuss with the examiner-in-charge any exceptions and recommendations.

Duty 4

**General Summary of Duty 4**

**% of Time** 40

Prepare examination workpapers in accordance with National Association of Insurance Commissioners (NAIC) and bureau standards.

**Individual tasks related to the duty.**

- While examining the assigned annual statement line item prepare examination workpapers which clearly and concisely demonstrate test work performed and conclusions reached.

Duty 5

**General Summary of Duty 5**

**% of Time** \_\_\_\_\_

**Individual tasks related to the duty.**

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Duty 6

**General Summary of Duty 6**

**% of Time** \_\_\_\_\_

**Individual tasks related to the duty.**

-

16. Describe the types of decisions you make independently in your position and tell who and/or what is affected by those decisions. Use additional sheets, if necessary.

Selection of audit samples. Preliminary determination of documentation necessary to complete the examination procedure.

17. Describe the types of decisions that require your supervisor's review.

When and what exceptions are to be discussed with the examined party and whether exceptions will be included in the report of examination. What annual statement line items will be examined and the time frame provided to complete the assignment. The final decision of the examination procedures to be performed to complete the assigned annual statement line item.

18. What kind of physical effort do you use in your position? What environmental conditions are you physically exposed to in your position? Indicate the amount of time and intensity of each activity and condition. Refer to instructions on page 2.

The position requires extensive travel, including some out of state, and occasionally requires employees to spend extended periods of time away from home. In addition, the job requires a lot of driving.

19. List the names and classification titles of classified employees whom you immediately supervise or oversee on a full-time, on-going basis. (If more than 10, list only classification titles and the number of employees in each classification.)

| <u>NAME</u> | <u>CLASS TITLE</u> | <u>NAME</u> | <u>CLASS TITLE</u> |
|-------------|--------------------|-------------|--------------------|
| None.       |                    |             |                    |

20. My responsibility for the above-listed employees includes the following (check as many as apply):

- |                                                             |                                                            |
|-------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Complete and sign service ratings. | <input type="checkbox"/> Assign work.                      |
| <input type="checkbox"/> Provide formal written counseling. | <input type="checkbox"/> Approve work.                     |
| <input type="checkbox"/> Approve leave requests.            | <input type="checkbox"/> Review work.                      |
| <input type="checkbox"/> Approve time and attendance.       | <input type="checkbox"/> Provide guidance on work methods. |
| <input type="checkbox"/> Orally reprimand.                  | <input type="checkbox"/> Train employees in the work.      |

21. I certify that the above answers are my own and are accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: Make a copy of this form for your records.**

**TO BE COMPLETED BY DIRECT SUPERVISOR**

- 22. Do you agree with the responses from the employee for Items 1 through 20? If not, which items do you disagree with and why?**  
I agree.

- 23. What are the essential duties of this position?**

Examining and evaluating the financial statements of insurance companies or related entities and preparing examination workpapers to demonstrate and support the test work completed and conclusions reached.

- 24. Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.**

- 25. What is the function of the work area and how does this position fit into that function?**

The Examinations Section performs examinations of insurance companies and other regulated entities at their home office to verify the completeness and accuracy of data submitted to OFIS in financial statement filings, determine that appropriate methods of accounting are used, and determine compliance with Michigan insurance laws, rules and regulations. The process reveals the solvency of an insurer through examination of the entity's financial books and records. A report of examination is issued at the conclusion of each examination that details the examiners' findings and recommendations, and any adjustments to surplus. To determine that all companies comply with statutory accounting practices and Michigan insurance laws, bulletins and regulations.

26. In your opinion, what are the minimum education and experience qualifications needed to perform the essential functions of this position.

**EDUCATION:**

Possession of a bachelor's degree with not less than 24 semester or 36 term credits in accounting.

**EXPERIENCE:**

None.

**KNOWLEDGE, SKILLS, AND ABILITIES:**

- Good verbal and written communication skills.
- Knowledge of generally accepted professional accounting and auditing principles and practices.
- Ability to interpret laws, bulletins and regulations.

**CERTIFICATES, LICENSES, REGISTRATIONS:**

None.

*NOTE: Civil Service approval of this position does not constitute agreement with or acceptance of the desirable qualifications for this position.*

27. *I certify that the information presented in this position description provides a complete and accurate depiction of the duties and responsibilities assigned to this position.*

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**TO BE FILLED OUT BY APPOINTING AUTHORITY**

28. Indicate any exceptions or additions to the statements of the employee(s) or supervisor.

29. *I certify that the entries on these pages are accurate and complete.*

\_\_\_\_\_  
Appointing Authority's Signature

\_\_\_\_\_  
Date